



Fig. 3.

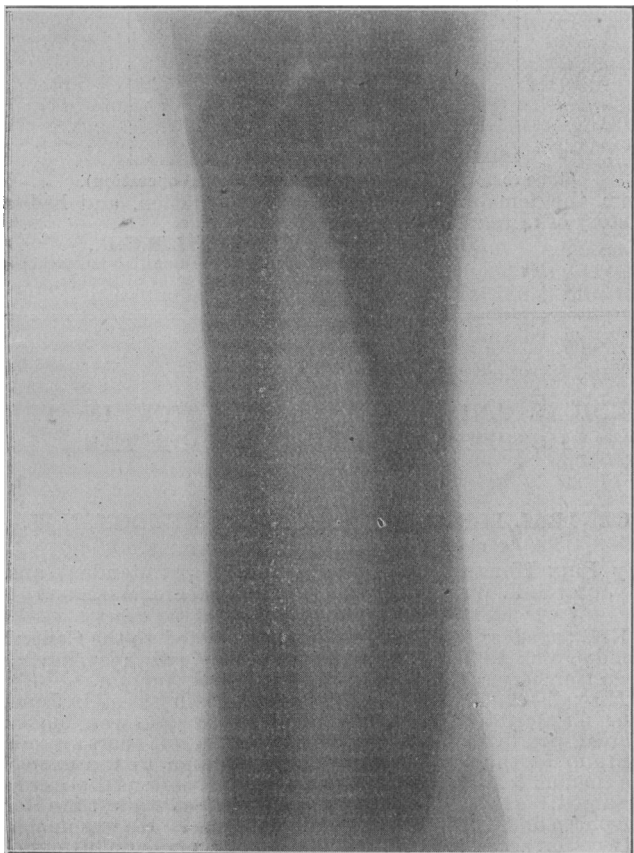


Fig. 4.

purulent), a few were the result of bronchiectasis and one complicated a case of tubercle and cancer of the lung.²

Thorburn,³ who has reported 3 cases, thinks that the affection is really a benign tuberculosis of the bones and joints. Godlee,⁴ however, disagrees with this conclusion, since the changes in the bones and joints may occur in non-tuberculous patients.

One may conclude by saying that so far no satisfactory explanation has been given of the changes occurring in the bones and joints in this complication of thoracic disease.

I am indebted to Dr. Ross for allowing me to publish this case.

REFERENCES.

¹ *Revue de Médecine*, vol. x, 1890, page 1. ² J. O'Carroll, M.D., *Transactions of Royal Academy of Medicine in Ireland*, vol. xvi, 1898. ³ BRITISH MEDICAL JOURNAL, June 3rd, 1893, vol. i, page 1155. ⁴ Clinical Lectures, BRITISH MEDICAL JOURNAL, July 11th, 1896, vol. ii, page 57.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE RAPID EFFUSION OF A LARGE AMOUNT OF FLUID INTO THE PLEURAL CAVITY.

THE publication of Dr. W. Westwood Fyfe's interesting case on p. 1204 of the BRITISH MEDICAL JOURNAL for May 23rd, induces me to send you the following figures concerning a woman, aged 22, who was admitted under my care into Guy's Hospital in 1892. She suffered from tubal nephritis, together with mitral constriction and incompetence. On December 16th, 1892, her right pleural cavity was aspirated, and, as far as I could ascertain, I removed all the fluid, which was 36 fl. oz. Thirty hours after, on December 17th, 106 fl. oz. were aspirated; 78 hours after this, on December 20th, 120 fl. oz. were aspirated; 30 hours after December 20th, on December 22nd, 50 fl. oz. were aspirated; and on February 12th, 1893, 30 fl. oz. were aspirated, making a total of 342 fl. oz. of clear serum removed from the right chest. It appears, therefore, that after the first aspiration, the fluid collected at the rate of $3\frac{1}{2}$ fl. oz. an hour, and after the second and third at the rate of about $1\frac{1}{2}$ fl. oz. an hour. In a paper I published in the *Lancet* for March 25th, 1893, p. 649, the suggestion is thrown out that in cases of very rapid pleural effusion the azygos veins are thrombosed.

W. HALE WHITE,
Harley Street, W. Physician to Guy's Hospital.

TWO CASES OF ECLAMPSIA SUCCESSFULLY TREATED BY MORPHINE.

THE first case was that of a young country woman, about five months pregnant, with a history of two previous miscarriages. I was summoned to this patient because she had suddenly fallen into a fit. I found her in a dazed condition, being unable to comprehend any question put to her. I gathered that about breakfast time she had lost her sight for a time, and that she had "fainted," falling on the grate, rather severely burning her face; and that during the day she had complained of great headache, and about 7 p.m. had developed the fit referred to, in which she was much convulsed, had gone black in the face, and had bitten her tongue. It being so early in pregnancy, the os being undilated, and not more than two fits having occurred, I decided that the morphine treatment should have a trial, and accordingly gave a hypodermic injection of morphine sulphate gr. $\frac{1}{2}$, at the same time placing croton oil (mij) upon the tongue, and wrapping her in a big blanket wrung out of very hot water. The next day I found the patient quite sensible, having had no more fits, and having had free action of the bowels and skin. She was given no further morphine, but was put on strict milk diet, diaphoretics, diuretics, and bromides. She had now developed the typical puffed, oedematous, white face of acute Bright's disease. Water was passed in the smallest quantity on the second day, but became more free on the third, when it contained much albumen. In the course of a few days the evidences of renal disturbance entirely cleared up. The woman eventually miscarried some three weeks later, the fetus having apparently been dead for some time. She progressed satisfactorily.

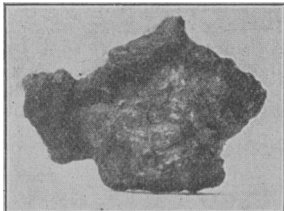
The second case was that of a multipara, 8 months pregnant, having had a family of 13, in addition to two miscarriages. She had had six fits during the early hours of

April 18th, the first at 4 a.m. I was sent for at the onset of the sixth fit; by the time I reached the house the convulsion had passed off, leaving the patient semi-comatose. On the strength of the success in the case already alluded to I gave straightway a hypodermic injection of morphine sulphate ($\frac{1}{2}$ gr.), there being no signs of labour setting in. From the time of the injection no recurrence of fits took place. At the same time I had the woman given a hot pack, and had the bowels well cleared out. The same evening I gave another hypodermic injection of $\frac{1}{2}$ gr.; by this time the woman clearly understood what was said to her. Urine had been passed during the convulsions, but none during the day. Next day, however, a little was passed, which on examination contained half albumen. She then commenced to make daily the most satisfactory progress, the urine on the eighth day being free from albumen, and passed copiously. Judging from its activity the child, too, is in the best of spirits. The woman gives a recent history of the "liver being out of order," with headache, sickness, and visual disturbances.

Swindon, Wilts. W. BOXER MAYNE, L.R.C.P., M.R.C.S.

NASAL CONCRETION.

A. W. was admitted to the North Riding Infirmary, Middlesbrough, some time ago under my care for the purpose of having a nasal polypus removed, which was supposed to be all he was suffering from. The left side of the face, especially the eye and nose, were very much swollen. He suffered great pain and had lost the senses of hearing and smell on that side. When I passed the forceps into the nose to remove the polypus it struck against something hard and rough which, for the moment, I took to be diseased bone. I soon, however, realized I had a large stone to deal with. The removal was accomplished with some difficulty, but without anything noteworthy, and the case did quite well. Mr. Stead, analytical chemist of Middlesbrough, kindly made a section and analysis of the stone and found it composed of a cherrystone in the centre as a nucleus with a surrounding mass of carbonate and phosphate of lime. It measured $1\frac{1}{2}$ in. from before backwards and $1\frac{1}{4}$ in. perpendicularly. (The illustrations give a very good representation of the shape and nearly of the size of the stone.) The patient had no re-



collection of how the cherrystone got into his nose. It doubtless got there during some previous act of vomiting. I made search in several surgical authorities at the time of the operation, but could find no record of so large a rhinolith ever having been removed before.

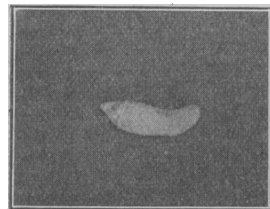
GEO. LONGBOTHAM, M.R.C.S. Eng.

Ilkley.

Late Honorary Surgeon North Riding Infirmary.

SALIVARY CONCRETION.

THE annexed figure is a photograph of a stone I recently cut out from the left Wharton's duct of a woman. The patient told me she had suffered for twenty years with a swelling under the tongue and pain which was increasing. The point of a needle confirmed my diagnosis, and I removed it under cocaine with knife and forceps. The sharp end, shown in the photograph lay forward under the fraenum of the tongue. The stone weighs



34 gr., and is $1\frac{1}{4}$ in. in length.

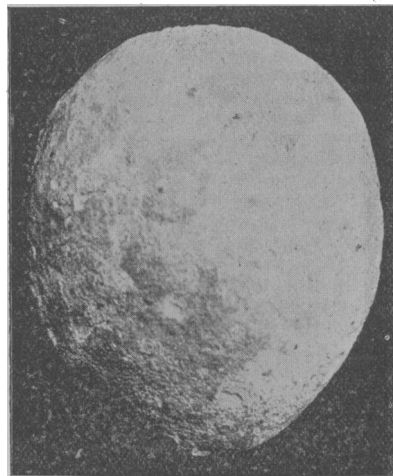
Leatherhead.

J. DUNBAR BRUNTON, M.B.

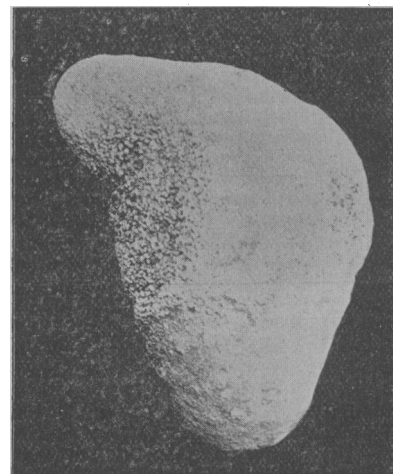
VESICAL CALCULI.

THE accompanying photographs show two stones which I have removed from the bladder. There was nothing out of the ordinary about either cases or operations. I send the photographs merely for any interest the size and weight of the stones might afford. I may say the photographs are taken to the exact size of the stones. The larger spherical stone,

weighing $3\frac{1}{4}$ oz., was removed from the male bladder by suprapubic operation, and had a history of 22 years' formation. The triangular stone, weighing $1\frac{1}{4}$ oz., was removed



Stone removed from male bladder (suprapubic operation).



Stone removed from female bladder (vaginal operation).

from the female bladder by vaginal operation, and had a history of 14 years' formation.

RICHARD JONES, L.R.C.S., L.R.C.P.,
Honorary Physician to the Bendigo Hospital;
formerly Medical Inspector of Lepers
for the Government in Hawaii.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

CENTRAL LONDON SICK ASYLUM, HENDON, N.W.

A PECULIAR CASE OF ENDOCARDITIS.

(By JOHN HOPKINS, F.R.C.S., Medical Superintendent and
JOHN S. F. WEIR, M.B., B.Ch. R.U.I., Senior Assistant
Medical Officer.)

E. B., aged 27, a cabminder, was admitted to the Central London Sick Asylum, Hendon, on January 27th, 1903, having been transferred from Cleveland Street Sick Asylum.

History.—He had been treated in Cleveland Street in June, 1902, for ulcerated legs, when the following notes were made: "Small-pox five weeks before admission; a soft short systolic murmur at the apex; pulse 72; no albumen in the urine." No rheumatic history and none of any other serious illness was obtained. He came into Cleveland Street this time for dyspnoea and swelling of his feet and legs. He was unable to work on account of the dyspnoea. There was no history of syphilis.

RESPONSIBILITIES AS TO DEATH CERTIFICATES.

T.C.—Under Section XX of the Births and Deaths Registration Act, 1874, in the case of death of any person who has been attended during his last illness by a registered medical practitioner that practitioner must sign and give to such person as is required by law to register the death a certificate stating to the best of his knowledge and belief the cause of death, and under Section XXXIX of the same Act he is liable to a penalty of 40s. if he refuses or fails, without reasonable excuse to do so.

POST-MORTEM EXAMINATIONS IN HOSPITALS.

M. L. M. is not legally entitled to claim any fee for making the *post-mortem* examination or for giving evidence at the inquest, as it is a case which falls within the proviso 2 of Section XXII of the Coroners Act, 1887 (50 and 51 Vic. cap. 71).

PUBLIC VACCINATORS AND PRIVATE PRACTICE.

KENNETT complains that the public vaccinator for the district in which resides a lady whom he has recently attended at her confinement has tendered a request to vaccinate the baby and has offered to do it gratuitously.

“* A public vaccinator should only offer free vaccination to cases sent him by the vaccination officer. It is the duty of the medical attendant to vaccinate the child or to send in a certificate of postponement, and if he neglects to do this the public vaccinator is bound to offer to vaccinate, when the case is reported to him. Our correspondent does not state what time had elapsed, but if the public vaccinator took action too early it was an unfair interference with the patient of a colleague.

R. M. complains that a public vaccinator was asked to vaccinate a child belonging to a family who have been for some time under the care of our correspondent, but who have since employed the public vaccinator as their ordinary medical attendant. He complains that advantage should be taken of an official position in this way.

“* Undoubtedly public vaccinators should be cautious not to trespass upon the rights of their brother practitioners, and should be slow to take advantage of the introductions which their public duties may give them to families under the care of their colleagues, but it would not be possible to lay down a rule that a public vaccinator must not accept as a private patient any person he may have previously vaccinated in his public capacity.

SCOTLAND—The matter submitted turns upon the legal interpretation of the clause, and we can only advise our correspondent to consult a solicitor.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

MEDICAL CURRICULUM.

As is well known, the Senate of the University of London has, in consultation with the Academic Council and Boards of Studies, had under consideration for some time the curriculum and schemes of examination for internal students in the Faculty of Medicine. The new scheme has not yet been officially promulgated, but it has been communicated to the General Medical Council, and we are in a position to state that its main features are as follows:

Matriculation.

As already announced, the regulations for the matriculation examination have been materially modified; the examination now consists of four parts: (1) English; (2) elementary mathematics; (3) Latin, or elementary mechanics, or elementary physics, or elementary chemistry, or elementary botany; (4) two out of a long list of subjects; the candidate who has not taken Latin in (3) may take it under this head, and, if he do not, he must take some other language—Greek, French, German, Arabic, Sanscrit, Spanish, Portuguese, Italian, or Hebrew. The other subjects he may select from the following list: History (ancient or modern), logic, physical and general geography, geometrical and mechanical drawing, mathematics (more advanced), elementary mechanics, elementary chemistry, elementary physics, elementary biology.

Graduates of British, Colonial, and foreign universities approved by the Senate, and those who have passed all the examinations for a degree in such universities, women who have obtained the tripos certificates of the University of Cambridge or certificates showing that they have passed certain examinations conducted by the University of Oxford may be exempted, as may also students who hold the Scottish school-leaving certificate in the higher or honours grade in all the subjects required for the matriculation, and students who hold the *Zeugnis der Reife* from a gymnasium or real-gymnasium within the German or Austrian empires may likewise be exempted. Any student who has matriculated and is attending any one of the approved courses of instruction in a school or under any one recognized teacher of the University can be registered as an internal student.

General Regulations.

All candidates for medical degrees must have gone through the prescribed course in a medical school of the University, or a medical institution in the United Kingdom, or any dependency, or any foreign part recognized by the Senate. It is not required that an internal student shall pursue the whole of his approved course in the same institution, but the course must be continuously pursued unless the Senate in particular cases, on the ground of illness or other sufficient cause, shall otherwise determine.

A candidate for the degrees of Bachelor of Medicine and Surgery must, after matriculating, pass a preliminary scientific examination, an intermediate examination in medicine, and a final examination. The course extends over five years from the date of matriculation, and four years from the date of passing the preliminary scientific examination. An external student who has passed the intermediate examination may become an internal student, and must attend an approved course of study in a school or schools of the University extending over three years subsequent to examination, and comprising all the subjects of the final examination. A similar regulation applies to candidates who have commenced their course of study in any medical institution in the United Kingdom, in any dependency of the British Crown, or in foreign parts.

The First Year.

An internal student is required to attend courses in chemistry, physics, and biology. The course in chemistry must consist of not less than one hundred lectures, and one hundred and eighty hours of practical work, in the course of an academic year; in physics a course of not less than sixty lectures and one hundred and twenty hours' practical work, and in biology a course of not less than one hundred lectures and one hundred and forty hours' practical work in the course of an academic year. At the end of these courses the student concludes by the Preliminary Scientific Examination, which is to take place twice in each year, in January and July. There are to be two papers in chemistry, two in physics, and one in biology, but a student may be examined in each of the three subjects separately, and if he fails in one or more subjects may offer himself for re-examination in those subjects, either separately or together, at any subsequent examination.

The Second and Third Year.

The courses of study during the second and third year include anatomy, physiology, pharmacology, and pharmaceutical chemistry. In anatomy the curriculum must consist of a complete course of human anatomy of not less than 100 lectures, and a course of dissections extending for not less than twelve months, during which the whole body must be dissected at least once, to the satisfaction of the teacher. In physiology the curriculum must consist of a course of not less than sixty lectures, and practical courses of experimental physiology, histology, and elemental physiological chemistry with practical examinations, each extending for not less than three months. In pharmacology, which includes pharmacy and materia medica, the student must attend a course of lectures and demonstrations extending for at least three months relating to the pharmacological actions of drugs and other medicinal agents upon the chief functions of the animal body, as well as a course of instruction in practical pharmacy and materia medica extending for not less than two months.

This part of the curriculum terminates in the Intermediate Examination in Medicine, which is to be held twice a year, in January and in July, and the candidate must have passed the Preliminary Scientific Examination at least two years previously. The examination in anatomy is to consist of two papers, dissection, and an oral examination; that in physiology is to consist of two papers and a practical examination not exceeding six hours in length and including histology, the performance of simple experiments illustrating the physiology of muscle and nerve, circulation, respiration, central nervous system, and the organs of sense, and in elementary physiological chemistry. The examination in pharmacology is to consist of one paper and an oral examination.

Fourth and Fifth Year.

The course of study during the fourth and fifth year is to include medicine, surgery, midwifery, and gynaecology, pathology, forensic medicine, and hygiene. The curriculum in pathology includes a course of instruction in general pathology, morbid anatomy, bacteriology, and pathological

chemistry, together with practical work extending for not less than six months in the last three named subjects, and attendance in the *post-mortem* room, including the performance of the duties of *post-mortem* clerk for not less than three months, and practical experience in making necropsies. The syllabus of the course in pathology includes general pathology, bacteriology, and parasitology, and morbid anatomy and histology.

The examination for the degree, M.B., B.S., is to be held twice a year, in October and May, and the candidate must have completed the course of study and have spent two academic years after passing the Intermediate Examination. The candidate may at his option divide the subjects of this examination into two groups: (1) Medicine, pathology, forensic medicine, and hygiene; (2) surgery, and midwifery and gynaecology; either group may be taken first. The examination in medicine is to consist of three parts: (a) Two papers each of three hours' duration; (b) clinical examination consisting of (I) the examination of a patient and written report thereon, for which one and a-half hour will be allowed, (II) an oral examination of a case or cases; (c) an oral examination. The examination in pathology will consist of (a) one paper of three hours' duration, (b) a practical examination for three hours, (c) an oral examination. The examination in forensic medicine and hygiene will consist of (a) a paper of three hours' duration, (b) an oral examination including questions on specimens and appliances. The examination in surgery will consist of (a) two papers, each of three hours' duration, one in surgery and one in surgical anatomy and pathology; (b) a clinical examination on cases; (c) an oral examination on surgical pathology; (d) an oral examination on the application of splints and bandages, and the marking out of operative procedures and points in surgical anatomy on the living model. The examination in midwifery and diseases of women is to consist of (a) a paper of three hours' duration, (b) an oral examination, including questions on specimens and appliances.

There will be an honours and a pass list, but only those candidates who have passed both groups of subjects at one time will be eligible for honours.

Examination for M.D.

The examination for the degree of Doctor of Medicine is to be held twice a year, in December and July, and candidates may present themselves in any of the following branches: (I) medicine, (II) pathology, (III) mental diseases, (IV) midwifery and diseases of women, (V) State medicine. A candidate presenting himself in branches I, II, III, or IV must show that he has taken the degree of M.B., B.S., not less than two years previously, and has subsequently held for at least six months a resident or non-resident hospital medical appointment, or as regards branch (II) a pathological appointment, or as regards branch (III) an appointment in a recognized asylum. The period of waiting may be reduced to one year in the case of candidates who have (1) taken the M.B., B.S., with honours in the subject for which they present themselves for the M.D., or (2) subsequently to taking the degree of M.B., B.S., conducted a piece of original work approved for the purpose by the University, or (3) had special experience approved by the University. A candidate in branch (V) State medicine must (1) have taken the degree of M.B., B.S., two years previously, (2) subsequently to taking these degrees attended for six months a practical course in a laboratory, British or foreign, approved by the University, in which chemistry, bacteriology, and the pathology of diseases of animals transmissible to man are taught, and also (3) of having been for six months diligently engaged in acquiring a practical knowledge of the duties, routine and special, of public health administration under the supervision of an M.O.H., and (4) of having attended for three months the practice of a hospital for infectious diseases, at which opportunities are afforded for the study of methods and administration. Under circumstances similar to those mentioned above the period of probation may be reduced to one year.

A candidate for the degree of M.S. must have passed the M.B., B.S. two years previously, and subsequently held for at least six months a resident or non-resident surgical hospital appointment, but the period of probation may be reduced to one year under conditions similar to those enumerated above.

Brown Animal Sanatory Institution.

A DONATION OF £500 to the funds of the Brown Animal Sanatory Institution has been received from the executors of the late Mr. Reyma Hurrell.

Physiological Laboratory.

On June 9th Captain Leonard Rogers, I.M.S., gave a lecture on the physiological action of snake poisons. A course of lectures on the physical and chemical conditions of the living state is now being given on Tuesdays at 5 p.m. by Dr. N. H. Alcock, and a course on the recent advances in the physiology of vision by Mr. W. McDougall, M.A., M.B., Lecturer on Experimental Psychology at University College on Fridays at 5 p.m. Any member of a London School of Medicine, whether an undergraduate of the University or not, is entitled to a card of admission to be obtained on application to the Academic Registrar.

London Hospital Medical College.

Mr. Jonathan Hutchinson will give a course of lectures on diseases in India during June and July. The lectures will be given on Fridays, commencing June 12th, at 4 p.m., and are free to all students of the University and to medical graduates.

Middlesex Hospital Medical School.

A research scholarship at the Cancer Research Laboratories of the value of 100 guineas, tenable for one year, but renewable on the recommendation of the Cancer Investigation Committee, is now vacant.

The following candidates have passed the M.B. Examination:

Second Division.—J. Acomb, Yorkshire College; S. B. Atkinson, B.Sc., University Cambridge and St. Bartholomew's Hospital; Ruth Balmer, London School of Medicine for Women; S. M. Banham, University College; Annie Thompson Barnard, London School of Medicine for Women; H. E. Barnes, St. Mary's Hospital; P. G. A. Bott, St. Mary's Hospital; W. F. Box, Guy's Hospital; E. W. C. Bradfield, St. Mary's Hospital; J. Braithwaite, Guy's Hospital; A. Brown, King's College; H. S. Brown, Guy's Hospital; Dora Eliz. Lidgett, Bunting, London School of Medicine for Women; V. A. Chatain, London Hospital; T. Chetwood, London Hospital; F. W. W. Dawson, Westminster Hospital; T. C. English, St. George's Hospital; F. W. Fawcett, Guy's Hospital; Bessie Marion Gilford, London School of Medicine for Medicine; L. S. H. Glanville, Guy's Hospital; E. G. Goldie, Guy's Hospital; A. C. H. Gray, Guy's Hospital; O. C. Gruner, Owens and University Colleges; A. F. Hamilton, St. Bartholomew's Hospital; T. H. Harker, St. Bartholomew's Hospital; Anne Elizabeth Hooper, London School of Medicine for Women; D. M. Hughes, University College and University College, Cardiff; O. Ievers, St. Mary's Hospital; I. D. Jones, Middlesex Hospital; G. Lewin, Guy's Hospital; L. H. Moiser, Guy's Hospital; D. L. Morgan, Guy's Hospital; G. F. Mosserop, London Hospital; H. McD. Parrott, Guy's Hospital; C. C. Robinson, St. Bartholomew's Hospital; F. H. Rotherham, London Hospital; C. Russ, St. Mary's Hospital; A. R. Schofield, London Hospital; A. B. Smallman, Owens College and Manchester Royal Infirmary; G. W. Smith, Guy's Hospital; H. S. Stannus, St. Thomas's Hospital; E. W. Strange, Guy's Hospital; W. H. Tattersall, Owens College and Manchester Royal Infirmary; E. Taunton, University College; H. Tipping, Guy's Hospital; D. H. Trail, Guy's Hospital; W. F. Tyndale, St. George's Hospital; A. H. E. Wall, Guy's Hospital; A. B. Waller, London Hospital; E. C. Whitehead, Westminster Hospital; E. C. Williams, St. Bartholomew's Hospital.

UNIVERSITY OF CAMBRIDGE.

Lectureships.—Mr. A. C. Seward, F.R.S., has been appointed University Lecturer in Botany. The University Lectureship in Midwifery will be vacant at Christmas by the resignation of Mr. Stabb. Applications are to be sent to the Vice-Chancellor by October 20th.

Recognized Fever Hospital.—The City Isolation Hospitals, Bristol, have been recognized by the Medical Board for the attendance of candidates for the M.B. degree.

Affiliation.—University College, Cardiff, is to be affiliated to the University of Cambridge. The affiliation is mainly in the interest of medical students, who after studying three years at Cardiff and passing certain examinations, desire to complete their course at Cambridge.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen have passed the First Professional Examination for the Fellowship:

J. E. Adler, London Hospital; J. V. Arkle, M.R.C.S. Eng., L.R.C.P. Lond., New Zealand University and St. Thomas's Hospital; I. G. Back, B.A. Camb., Cambridge University and St. George's Hospital; W. G. Ball and R. A. Bowling, St. Bartholomew's Hospital; J. D. Barrie, B.A. Camb., Cambridge University and King's College, London; A. O. Bisson, Lausanne University and London Hospital; L. H. Burner, Guy's Hospital; T. C. Clare and J. B. Dawson, Birmingham University; G. Coats, M.D. Glas., Glasgow University and King's College, London; J. D. Cooke, M.B., B.S. Melb., Melbourne University and London Hospital; V. Z. Cope, St. Mary's Hospital; C. H. Cross and R. C. Elmslie, M.B., B.S. Lond., M.R.C.S. Eng., L.R.C.P. Lond., St. Bartholomew's Hospital; J. Dundon, M.B., B.S. U. Ire., F.R.C.S. Ire., Queen's College, Cork; W. Edmondson, Yorkshire College, Leeds; T. J. C. Evans, St. Mungo's College, Glasgow; R. J. Ferguson, M.D., M.Ch. R.U.I., Queen's College, Belfast and King's College, London; E. R. Flint, Yorkshire College, Leeds, and Owens College, Manchester; H. G. Frankling, M.R.C.S. Eng., L.R.C.P. Lond., London Hospital and King's College, London; J. G. French, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., St. Mary's Hospital; J. G. Gibbard and R. Jamison, St. Bartholomew's Hospital; R. F. Hebbert, St. Thomas's Hospital; C. A. B. Horsford, M.D., Ch.B. Edin., Edinburgh University and King's College, London; R. R. James, St. George's Hospital; A. G. Jones, Guy's Hospital; R. E. Kelly, M.B., Ch.B., B.Sc. Vict., University College, Liverpool; C. Killick, M.B., B.Sc. Camb., M.R.C.S. Eng., L.R.C.P. Lond., Cambridge University and St. Mary's Hospital; W. B. Kirkcaldy, M.D., Ch.M. Edin., and Angus McNab, M.B., Ch.B., B.Sc. Edin., Edinburgh University and King's College, London; J. W. McIntosh, M.B., Ch.B., B.Sc. Edin., Edinburgh University and London Hospital; C. B. McNeill, Middlesex Hospital; J. C. Mead, St. Bartholomew's Hospital; J. T. Macnab, B.A. Camb., and E. S. Molyneux, London Hospital; L. Noon, M.A., B.C. Camb., Cambridge University and St. Bartholomew's Hospital; M. H. Phillips, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., and W. J. H. Pluniger, University College, Bristol, and King's College, London; J. A. Roberts, M.B. Toronto, University of Toronto and King's College, London; F. A. Rose, M.A., M.B., B.C. Camb.,

M.R.C.S.Eng., Cambridge University and St. Bartholomew's Hospital; F. W. F. Ross, M.D., C.M. Edin., M.R.C.S.Eng., L.R.C.P.Lond., Edinburgh University and University College, London; C. W. Rowntree, M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., Middlesex Hospital; W. A. Scott, M.B.Toronto, M.R.C.S.Eng., L.R.C.P.Lond., Toronto University, University and King's Colleges, London; G. S. Thompson, St. Mary's Hospital; C. F. Walters, M.R.C.S.Eng., L.R.C.P.Lond., University College, Bristol, and King's College, London; A. J. Walton, London Hospital; and P. K. Wright, M.R.C.S.Eng., L.R.C.P.Lond., Owens College, Manchester.

One hundred and twenty-eight candidates presented themselves for this examination, of whom 49 passed, and 79 were referred.

ERRATUM.—In the list of members of the Council of the College of Surgeons in the BRITISH MEDICAL JOURNAL of June 6th, p. 1352, "Mr." was placed instead of "Sir" before the name of Alfred Cooper.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Final Examination in Midwifery:

B. L. Middleton, W. Wiley, J. F. W. Leech, J. M. Holmes, J. F. Nicholson, E. V. Collen, H. Stokes, W. Boxwell, H. O'H. May, R. W. T. Clappett, T. Crean, A. B. Tighe, R. Bailey, J. T. M'Entire, A. L. Otway.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

THE annual general meeting of this Association will take place on Tuesday, June 30th, at the Trocadero, Regent Street, W., at 6.30 p.m. At 7.30 the members and their friends will dine together, Dr. Farquharson, M.P., the President, being in the chair. Any Poor-law medical officer wishing to be present is requested to communicate with the Honorary Secretary, Dr. M. Greenwood, 9, Copthall Avenue, London Wall, E.C.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 7,738 births and 4,145 deaths were registered during the week ending Saturday last, June 6th. The annual rate of mortality in these towns, which had been 15.4, 15.5, and 14.9 per 1,000 in the three preceding weeks, further declined to 14.3 per 1,000 last week. The rates in the several towns ranged from 6.4 in Walthamstow, 6.9 in Reading, 7.1 in Epsom, 7.5 in Hornsey, 8.2 in Willesden, 8.8 in Bristol, and 9.1 in Southampton, to 19.9 in Liverpool, 20.6 in Bury, 21.0 in Wigan, 21.3 in South Shields, 22.0 in Warrington, 22.6 in Handsworth, 22.8 in Preston, 23.4 in Rochdale, and 29.1 in Middlesbrough. In London the rate of mortality was 13.8 per 1,000, while it averaged 14.6 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.4 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.5 per 1,000, while it averaged 1.3 in the seventy-five other large towns, among which the highest death-rates from the principal infectious diseases were 3.0 in West Ham, in Great Yarmouth, and in Nottingham, 3.2 in Wolverhampton, 3.3 in East Ham and in Middlesbrough, and 3.4 in Wigan. Measles caused a death-rate of 1.1 in Nottingham, 1.2 in Bolton and in Sheffield, 1.4 in East Ham, 1.6 in Wolverhampton, 2.2 in Coventry and in Middlesbrough, and 3.4 in Wigan; and whooping-cough of 1.1 in Croydon and in Swansea, 1.5 in Merthyr Tydfil, and 1.8 in Preston. The mortality from scarlet fever, from diphtheria, from "fever," and from diarrhoea showed no marked excess in any of the large towns. Two fatal cases of small-pox were registered in Manchester, and each in Liverpool, Bradford, Gateshead, and Cardiff, but not one in any other of the seventy-six large towns. The number of small-pox cases under treatment in the Metropolitan Asylums Hospitals which had been 60, 64, and 60 at the end of the three preceding weeks, had risen again to 72 at the end of last week; 24 new cases were admitted during the week, against 7, 10, and 10 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on Saturday, the 6th inst., was 1,785, against numbers increasing from 1,662 to 1,771 on the seven preceding Saturdays; 210 new cases were admitted during the week, against 236, 234, and 225 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, June 6th, 1,108 births and 596 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.0, 17.2, and 18.4 per 1,000 in the three preceding weeks, declined again last week to 18.1 per 1,000, but was 3.9 per 1,000 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 10.8 in Perth and 15.1 in Paisley to 18.8 in Greenock and 19.1 in Glasgow and in Edinburgh. The death-rate from the principal infectious diseases averaged 2.0 per 1,000 in these towns, the highest rates being recorded in Edinburgh and in Greenock. The 28 deaths registered in Glasgow included 16 from whooping-cough, 6 from diarrhoea, 5 from scarlet fever, 4 from measles, and 2 from diphtheria. Six fatal cases of diphtheria, 5 of whooping-cough and 4 of measles were recorded in Edinburgh; 5 of diarrhoea in Aberdeen, and 3 of whooping-cough in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday last, June 6th, 189 births and 334 deaths were registered in six of the principal Irish towns. The mean annual rate of mortality in these towns, which had been 18.4, 20.6, and 19.1 per 1,000 in the three preceding weeks, fell last week to 16.2 per 1,000, being 1.9 above the mean rate during the same period in the seventy-six

large English towns. The death-rates ranged in these six Irish towns from 6.8 in Limerick, and 7.8 in Waterford, to 21.4 in Londonderry, and 24.4 in Dublin. The death-rate in the six towns from the principal zymotic diseases averaged 1.3 per 1,000, the highest rates being recorded in Londonderry and Waterford. The deaths registered in Dublin included 3 which were referred to small-pox, 2 to measles, 1 to whooping-cough, 3 to enteric, and 1 to diarrhoea. No deaths from small-pox occurred elsewhere, but Belfast recorded 2 deaths from measles and Waterford 1, while Cork and Londonderry each had 2 deaths from whooping-cough. Limerick had no deaths from zymotic disease at all.

SMALL-POX AT SOUTHEAD.

DR. NASH, M.O.H. Southend, informs us that only one case of small-pox was notified in Southend during the week ending May 30th, and not three as printed last week.

MEDICAL NEWS.

THE Earl of Derby, who is President of the Brompton Consumption Hospital, has contributed £1,000 to the funds of the country branch of the hospital for the open-air treatment of consumption which is now being erected at Heatherside, near Frimley.

THE first general meeting of the Belgian National League against tuberculosis will be held at Brussels on Sunday, June 14th. An address on Tuberculosis as a Social Disease will be delivered by Professor Calmette, Director of the Pasteur Institute, Lille.

PRESENTATION.—Dr. George A. Davies, J.P., of Newport, Mon., was recently presented with a diamond ring and a silver tea-set, kettle, and tea-caddy, by his numerous friends and old patients, on the occasion of his retiring, after 30 years' practice in Newport, on account of ill-health. The testimonial was accompanied with expressions of appreciation of his professional ability, esteem for his personal character, and a desire for his speedy recovery.

MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

AYLESBURY: ROYAL BUCKINGHAMSHIRE HOSPITAL.—Resident Surgeon. Salary, £80 per annum, rising to £100.

BAUNSLY: BECKETT HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum.

BIRKENHEAD BOROUGH HOSPITAL.—Junior Male House-Surgeon, resident. Salary, £80 per annum.

BIRMINGHAM GENERAL DISPENSARY.—Three Qualified Resident Locums. Terms, 2 guineas per week.

BIRMINGHAM GENERAL HOSPITAL.—House-Surgeon, resident. Salary at the rate of £50 per annum.

BRISTOL GENERAL HOSPITAL.—Assistant Surgeon.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House Surgeon, resident. Salary, £90 per annum.

CHESTER GENERAL INFIRMARY.—House Physician, resident. Salary, £90 per annum.

DUDLEY: GUEST HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £40 per annum.

DUNDEE COMBINATION EAST POORHOUSE AND HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark.—Four Qualified Clinical Assistants; also Unqualified Clinical Clerks in the out-patient Department.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum.

HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician. Appointment for six months. Salary, £30.

LIVERPOOL: STANLEY HOSPITAL.—Third House-Surgeon, resident. Salary, £70 per annum.

LONDON HOSPITAL MEDICAL COLLEGE, Mile End.—(1) Demonstrator of Chemical Physiology. Salary, £200 per annum. (2) Lectureship on Biology. Salary, £100 per annum and class fees.

LONDON SCHOOL OF MEDICINE FOR WOMEN, Hunter Street, W.C.—Second Demonstrator of Anatomy.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £160 for first year, rising to £180.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £50 per annum.

NORTH STAFFORDSHIRE INFIRMARY, Harts' Hill.—House-Physician, resident. Salary, £100 per annum, rising £10 yearly.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House Surgeon, resident. Salary at the rate of £50 per annum.

RYDE: ISLE OF WIGHT COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £90 per annum.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington.—Lecturer on Physiology. Salary, £200 per annum.

SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon, resident. Salary, £50 per annum.

SOUTHAMPTON COUNTY BOROUGH.—Assistant to the Medical Officer of Health. Salary, £150 per annum.

SUNDERLAND: MCN KWENMOUTH AND SOUTHWICK HOSPITAL.—House-Surgeon, resident. Salary, £80 per annum.

UNIVERSITY COLLEGE HOSPITAL.—Assistant Physician.

VIRGINIA WATER: HOLLOWAY SANATORIUM FOR THE INSANE.—Junior Assistant Medical Officer (male), resident. Salary begins at £175 per annum.

WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Junior House Surgeon, resident. Salary, £80 per annum.

WARRINGTON INFIRMARY AND DISPENSARY.—Senior Resident House-Surgeon. Salary, £120 per annum.

WEST LONDON HOSPITAL, Hammersmith Road.—(1) House-Physician. (2) House-Surgeon. Both resident.

WIGAN: ROYAL ALBERT EDWARD INFIRMARY.—Senior House-Surgeon, resident. Salary, £100 per annum.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

YORK DISPENSARY.—Resident Medical Officer. Salary, £120 per annum.

CORRECTIONS.—In the list of vacancies published last week it should have been stated that it was the office of Assistant to the Pathologist of the London County Asylums that was vacant, and not Pathologist as printed. The salary attached to the post of Demonstrator of Chemical Physiology at the London Hospital Medical College is £200 per annum.

MEDICAL APPOINTMENTS.

BADDOCK, C. H., B.A. Cantab., M.R.C.S., L.R.C.P., appointed House-Surgeon to Salisbury Infirmary.

CARRINGTON, George H., M.R.C.S., L.S.A., appointed Medical Officer of Health for the Borough of Poole and to the Port Sanitary Authority.

EMPEY, C. T. M.D., O.M. Kingston, L.R.C.P. Edin., appointed District Medical Officer of the Kighley Union.

EVERED, F., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Westbourne Union.

HARRIS, E. J., M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer of the Rochdale Union.

HARVEY, G. H., M.B., C.M. Aberl., appointed District Medical Officer of the Parish of Camberwell.

HUTCHINSON, J. B., M.B., Ch.B. Vict., appointed Junior Resident Medical Officer to the Chorlton Union Workhouse Infirmary, Withington.

JONES, Miss Helena G., M.B., B.S. Lond., appointed Assistant Medical Officer of the Greenwich Union Infirmary.

O'DONNOR, Caroline Elizabeth, M.B., Ch.B. Edin., appointed Superintendent of Special Schools to the City of Birmingham Education Committee.

PERCIVAL, Resumant, M.B. Cantab., appointed Physician to the Essex and Colchester General Hospital.

PHILLIPS, C. M., M.D. Brux., M.R.C.S., L.R.C.P., appointed District Medical Officer of the Parish of Bristol.

REDD, W. A., M.D. Durm., M.B.C.S. Eng., L.R.C.P. Lond., appointed Divisional Surgeon to the Metropolitan Police at Acton, W., vice Dr. Lingham, deceased.

TALFORD, B. D., M.A., B.C. Cantab., F.R.C.S. Eng., appointed Resident Surgical Officer to the Manchester Royal Infirmary, vice Charles Roberts, M.B. Lond., F.R.C.S. Eng.

VALLANCE, E., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of the West Ham Union Infirmary.

WHITE, A. B., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Barnsley Union.

DIARY FOR NEXT WEEK.

TUESDAY.

Gynaecological Society of London, 20, Hanover Square, W., 8 p.m.—The discussion on Chorion-epithelioma opened by Dr. Teacher, of Glasgow, on Wednesday, June 3rd, has been adjourned to the above date, when Dr. Galabin will be the first speaker. The following have intimated their intention to take part in the discussion:—Dr. Herbert Spencer, Dr. A. E. N. Levene, Dr. T. W. Eden, Mr. J. H. Targett, Dr. H. Tate, Dr. F. J. McCann, Dr. Cuthbert Lockyer, Dr. Russell Andrews, Dr. T. G. Stevens, and Dr. Herbert Williamson.

Royal College of Physicians of London, 5 p.m.—Dr. C. E. Beevor: On Muscular Movements and their Representation in the Central Nervous System. (Croonian Lecture III.)

THURSDAY.

Royal College of Physicians of London, 5 p.m.—Dr. C. E. Beevor: On Muscular Movements and their Representation in the Central Nervous System. (Croonian Lecture IV.)

Guy's Hospital Medical School, 4 p.m.—Dr. E. W. Ainsley Walker: A Resume of the Doctrine of Immunity (Gordon Lectures in Experimental Pathology).

FRIDAY.

Anatomical Society of Great Britain and Ireland, University College, Liverpool, 10 a.m.—Specimens and papers by Professor Patten, Mr. Jones, Dr. Kelly, Professor A. Thomson, Dr. T. H. Bryce, Professor Symington, Professor A. Fraser, Dr. A. W. Campbell, Professor Robinson, Dr. C. Addison, Dr. Thurstan Holland, Dr. David Morgan, and Dr. Waterston.

SATURDAY.

Anatomical Society of Great Britain and Ireland, University College, Liverpool, 10 a.m.—Specimens and papers by Mr. J. Cameron, Mr. F. G. Parsons, Professor A. H. Young, Dr. Peter Thompson, Mr. I. Dunlop Lickley, and Dr. T. H. Bryce.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Lecture on Medical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, S.W., Wednesday, 4 p.m.—Lecture on Cases of Arrested Pulmonary Tuberculosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Demonstration of Selected Cases.

Medical Graduates' College and Polytechnic, 23, Chelsea Street, W.C. Demonstrations will be given at 4 p.m. as follows: Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear. Lectures will also be given at 5.15 p.m. as follows: Monday, Uric Acid as a Cause of Circulation Diseases; Tuesday, Uric Acid as a Cause of Anæmia; Wednesday, Meningitis in Childhood; Thursday, Hysteria and its Diagnosis; Friday, The Physical Requirements of the Public Services.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Farringdon Square, W., Thursday, 4 p.m.—Lecture on The Clinical Varieties of Pneumothorax.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 8.30 p.m.—Lecture on Diseases of the Cerebellum.

Post-Graduate College, West London Hospital, Hammermith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Examination of Stomach and Gastric Contents; Tuesday, The Immediate and Remote Results of Operations on the Stomach; Wednesday, Uterine Haemorrhage; Thursday, Renal Surgery; Friday, Skin Cases.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

COX—On June 5th, at St. Tudy, B.S.O., Cornwall, the wife of H. P. Cox, M.R.C.S., L.R.C.P., of a son.

HAWTHORNE—On May 1st, at "Warrabee," Mudgee, N.S.W., Australia, the wife of E. Sydney Hawthorne, F.R.C.S.I., L.R.C.P.L., of a son.

JOHNSON—On June 5th, at Rokeye, Newtonville, Hull, the wife of Arthur G. Johnson, L.R.C.P., L.R.C.S. Edin., of a daughter.

WHITAKER—On June 3rd, at Chaplain's House, Banstead Downs, Sutton, Surrey, the wife of the Rev. H. Whitaker, of a son.

MARRIAGES.

HEWLAND-ALLEN—On June 6th, at St. Mary Abbot's, Kensington, by the Rev. Canon Somerset Permeather, D.D., Mary Josephine, youngest daughter of the late David Allen, Esq., J.P., of Belfast, to George Vickersman Hewland, M.D., of St. Leonard-on-Sea.

HILL-BARKLIE—On June 3rd, at Ballynure Presbyterian Church, by the Rev. William Kerr, assisted by the Rev. J. L. Lumsby, Samuel W. Hill, M.B., B.Ch., of Pountney Street, Larne, son of James Hill, of Ballynure, to Lizzie Hay, youngest daughter of James Barklie, of Lisnarny.

PARKINSON-STUART—At Kenley, Surrey, T. S. P. Parkinson, M.B., to Esther Molynieux Stuart, M.B.

PRITCHARD-ROBERTS—On June 1st, at Llanllechid C. M. Chapel, by the Rev. Robert Williams, M.A., W. G. Pritchard, Surgeon, to Mrs. R. Pritchard Roberts, both of Bethesda.

DEATH.

JOHNSTON—On June 4th, at University College Hospital, London, after much suffering, Frances Mary (Fannie), wife of John Somerville Johnston, of 13, Dejeu Road, Tooting, London.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 420, Strand, W.C., London.

ORIGINAL ARTICLES and **LETTERS** forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated. Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 420, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS forwarded to the OFFICE of THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

We would request correspondents who desire to ask questions in this column not to make use of such signatures as "A Member," "A Member B.M.A.," "Enquirer," and so on. By attention to this request much confusion would be avoided. Correspondents are asked to write upon one side of the paper only, and when sending more than one question to put them on separate slips.

Queries, answers, and communications relating to the subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

W. L. asks: What is the best thing to do with a child, aged 3½ years, who bites his toe and finger nails and pick his nose?

R. N. asks for information about a trio of purifying reagents called "Syniodules," which are represented by the French firm that prepares them as effective destroyers of typhoid and other pathogenic germs. Have the French experiments been confirmed by other scientists, and is the product of the final reaction harmless to man? Information as to the exact constituents and reactions in the process would be welcome.

NASAL CATARRH.

SURGEON desires to hear of a speedy and reliable cure for nasal catarrh.

ANSWERS.

M.D. and EXTORRIS—British doctors can under existing conditions practise in Italy provided they treat only their own compatriots.

E. R. F.—St. Mary's Home, Painswick, Gloucestershire, might, we believe, receive a cripple of deficient intelligence such as our correspondent describes. Applications should be made to Miss Wemyss, Washwell House, Painswick.

CANTAB.—Our correspondent might consult *The Pathology and Treatment of Sexual Impotence*, by Victor G. Veckl, M.D. (London: Rebman, Limited, 1899, 12s.). As an alternative he might recommend his patient to obtain the opinion of a consulting surgeon of experience.

THROMBOSIS AFTER ENTERIC FEVER.

IN answer to an inquiry from "W. D. E." on the above subject (BRITISH MEDICAL JOURNAL, May 6th, 1902, p. 1248), the following personal experience of a medical man may be useful. He got enteric abroad nineteen years ago, and during his illness had no particular medical attention. He remembers having pain and swelling in the groin, but paid no attention to it, and a diagnosis was only made when he returned home on sick leave. It was then brought about by his tailor pointing out that the patient's left leg was 3 in. bigger than his right. Up to this time the patient had supposed that he was simply slack, and unable to walk for that reason. After that he ceased to endeavour to walk far, and when his leave was up went to a place where the cheapness of ponies made much walking unnecessary and unusual. Enlargement of the external abdominal vessels became pronounced about a year later. It eventually became very marked indeed, while the leg decreased 2 in. The patient remained in this place suffering no inconvenience for ten years, leading a very active life, but never walking any great distance. Then he moved to a place where a good deal of walking was necessary, but his leg gave no trouble until a number of abdominal vessels got divided subcutaneously by a blow from a blunt sabre at an *assaut d'armes*. After that the leg swelled again, but soon subsided. For the following five years the patient felt nothing, but since his return to England, where he has been about a year, he has been conscious of a sense of weight in the affected leg. He does not think he walks more or even as much as formerly, but that it is due to the slackness induced by the change to a town existence. The affected leg is only about 1 in. bigger than the other. The secondary effects of thrombosis appear to him to be purely mechanical, and not amenable to definite "treatment."

LETTERS, NOTES, Etc.

"OPHTHALMIC OPTICS."

DR. FREELAND FERGUS (Glasgow) writes: I regret that instead of writing to myself personally Mr. Parsons should have communicated a grievance to the columns of the BRITISH MEDICAL JOURNAL and to those of some other journals. Had Mr. Parsons written to myself, I think he would have found me anxious to do everything courteous and proper to a reputable colleague. Mr. Parsons seems to be annoyed that a small book recently written by me, and published by Messrs. Blackie, has the title *Elementary Ophthalmic Optics*, which is nearly the same as one written by himself. My book was written for the students attending my own classes. It is essentially intended for beginners, and in it I endeavoured to include those parts of geometric and physical optics which for many years I have thought it necessary to explain as preparatory to physiological optics.